

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation EMERGENCY COMMITTEE FOR ISRAEL		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 11 DUPONT CIRCLE NW SUITE 325		
(c) City, State and ZIP Code WASHINGTON DC 20036		3. FEC Identification Number <div> <div>C</div> <div>C90013244</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

Age Group	Percentage
18-24	9.5%
25-34	8.5%
35-44	7.5%
45-54	6.5%
55-64	5.5%
65-74	4.5%
75-84	3.5%
85+	2.5%

157175.00

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

EMERGENCY COMMITTEE FOR ISRAEL

Full Name (Last, First, Middle Initial) of Payee

Craft Media/Digital

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 16 / 2014Mailing Address 1600 K St., NW
Suite 300

Amount

8000.00

City State Zip Code
Washington DC 20006

Transaction ID : F57.4227

Purpose of Expenditure
TV Advertising ProductionCategory/
Type 004Office Sought: ☒ House State: NC
☐ Senate District: 03
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
WILLIAM TAYLOR GRIFFINCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 159075.00Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Smart Media Group, LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 16 / 2014Mailing Address 814 King Street
Suite 400

Amount

149175.00

City State Zip Code
Alexandria VA 22314

Transaction ID : F57.4228

Purpose of Expenditure
TV Advertising BuyCategory/
Type 004Office Sought: ☒ House State: NC
☐ Senate District: 03
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
WILLIAM TAYLOR GRIFFINCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 308250.00Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 157175.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 157175.00
(carry total from last page forward to Line 7)